

Figure II.



Figure III.

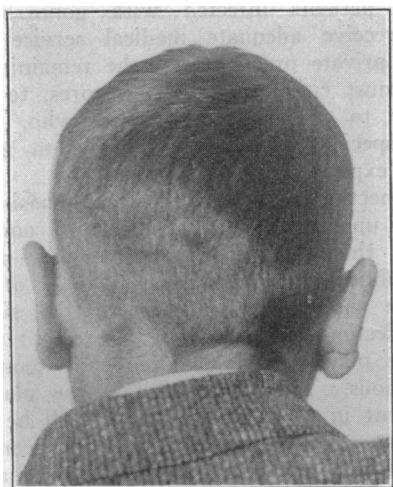


Figure IV.

not, a few exposures to the X-ray will no doubt clear it up.

Comments.

Nothing new has been offered in my two papers on Nasal Cosmetic Surgery that has not already

been presented by Doctor Carter, with the exception possibly of the use of bone, bone with cartilage, or cartilage transplants in the correction of droop nose so frequently seen in injuries, or as a racial characteristic.

The interesting portion of the work, however, has been noting what can be done with one or more transplants and the end results. This is of particular interest at this moment, because of the many and varied uses of transplanted tissue, not only bone and cartilage, but fat and fascia, now being utilized by French, English and American surgeons in the correction of deformities, the result of injuries obtained in the present European conflict.

240 Stockton Street.

SOCIAL PROBLEMS OF THE WAR.*

DR. H. G. IRVINE,
Director, Bureau of Venereal Diseases, State Board
of Health,
and

DR. W. M. DICKIE,
Sanitarian, Bureau of Venereal Diseases, State Board
of Health.

Inasmuch as the program includes a paper on the social service and law enforcement phases of this problem, we will confine ourselves to the *strictly medical side*. We wish, however, at the same time, to place emphasis upon the fact that any campaign against venereal diseases must recognize the complexity of the problem and be prepared to attack it from all sides. While many of us who have been intimately associated with the treatment of those afflicted with syphilis and gonorrhea, have realized the terrible economic waste and the untold suffering caused by these diseases, it is a lamentable fact that we needed a great war to produce this psychological moment when the public would arouse itself to a discussion of the solution of this problem. For years carefully compiled statistics of the army and navy have been available, showing definitely the amount of disease in the ranks—figures which were distinctly indicative of conditions in civil life, and yet not until we came into this war and every family in the land began to take a personal interest in the army and navy did we really wake up to the fact that something must be done. Our government early realized the problem with which it must deal, if fit and healthy men were to go to the trenches, and the various agencies under the war department outlined a program of attack, calling upon the states to put it into force.

California may well be proud that it was one of the first states to answer the call and make an adequate appropriation for the organization of the Bureau of Venereal Diseases, which should direct and co-ordinate the campaign in co-operation with the military and naval authorities. The program which this Bureau has sought to put into practice has included an attack from all angles, but as previously stated, we shall in this paper deal only with the *strictly medical part of it*.

From the medical point of view, there are four

* Read before the Los Angeles County Medical Society, April, 1918.

distinct points of attack. The first deals with that group of patients with whom we must employ enforced quarantine and treatment. This includes the prostitutes, the rebellious or incorrigible patient, and prisoners. Incidental with the treatment of this group must be co-ordinated the work of law enforcement.

The second point of attack is directed toward the diagnosis and treatment of that considerable group of people who are unable to pay for adequate medical service.

The third group of patients to whom attention must be directed is the one being treated by private practitioners.

The fourth point of attack must be through an educational campaign.

Many physicians who are interested in venereal diseases have said that we are only concerned in the strictly medical phases of the subject, and that the moral and sociological sides do not concern us, and in this way have attempted to dodge the issues of prostitution and alcohol. Prostitution, we grant, is essentially a matter for the courts to deal with, but history has shown that until the civil authorities have been taught to recognize the relationship of prostitution to venereal diseases, no adequate action is taken by them. It is therefore necessary for us to be concerned not only with the medical diagnosis and treatment of prostitutes, but by demonstrating to the civil authorities the amount of infection in these women to urge upon them adequate enforcement of the laws against the business in general. So far as prostitutes as a class are concerned, when found diseased, quarantine must be rigidly enforced; otherwise it will avail little, especially from the standpoint of gonorrhea, to give them medical treatment.

We wish also to call especial attention to the fact that unless adequate provision is made by the state to prevent them returning to their business, the medical efforts are wasted, inasmuch as they almost immediately become reinfected. It is therefore necessary that adequate facilities be provided for those of them who are feeble minded, and for those confirmed offenders who can only be forced into a life of decency by long term commitments to reformatories, and that proper social service agencies be brought in touch with the younger offenders who can almost immediately be returned to society. The commercial prostitute is a prolific spreader of disease because she nearly always has gonorrhea which may be chronic in nature, and particularly because if allowed to practice her profession openly, she daily exposes from ten to twenty or more patrons. From the standpoint of syphilis she is not so important, as she contracts it early and thereafter is likely to take enough of treatment to keep the disease under control.

Clandestine prostitutes are a danger not so much on account of the number of persons they expose individually, but because there are a great many more of them, and being youthful offenders, are more likely to be acutely infected and less informed as to the care of themselves and their patrons. With commercial prostitutes, the burden of blame rests on the woman, as she more fre-

quently solicits the man. Exception should be taken, however, to the pimp and panderer who exploit her, and these should receive the limit of the law. With clandestine prostitution, the man and woman alike should feel the burden of the law and it is certain there would be fewer such exposures if the man could expect a jail sentence or hospital quarantine for his venereal diseases. We are glad to say that there are communities where judges enforce the single standard and men receive jail sentences the same as women.

The question of commercial prostitution, except from an educational standpoint, is becoming of less consequence in the campaign against venereal disease, inasmuch as there are at present very few cities with a tolerated or segregated district. Since the war began it is reported that twenty-five such districts in cities near camps have been closed. In this regard, Briggs of the Navy, found that at the Naval Station at Norfolk, Va., at a time when there were eighty commercialized houses of prostitution in that city, 85% of the infections were due to commercialized vice.

An effort should be made to make investigation of appropriate groups and institute treatment where indicated. In most cases, state prisons provide adequate hospital facilities, but rarely do we find any attempt made to examine and treat prisoners in city and county jails. Here we have a class of people who are naturally prone to have no regard for rights of others, who are likely to have syphilis or gonorrhea. Arrangements should be made for a careful examination, including Wassermann test, of every prisoner, and treatment should be instituted. If necessary, cases should be quarantined beyond the time of sentence, so that in no case would the individual be allowed his freedom while still in an infectious condition.

Investigations have shown that not over 30 to 50% of patients infected with gonorrhea and syphilis receive adequate medical service at the hands of private practitioners; the remaining large number must either go to drug stores, to dispensaries, or to private practitioners, who, through lack of special training, are unable to give the necessary expert treatment.

In connection with this group, emphasis should be placed upon the fact that the small amount of treatment that these cases receive does no good from a public health standpoint. This is, of course, more true with gonorrhea than syphilis, since the one is infectious so long as it is present; whereas the other may possibly be rendered temporarily non-infectious. The great need is the placing of each patient in that condition in which he or she will not be a danger to others. This means, generally speaking, a cure. The man or woman then who can only afford to pay for a little treatment should be sent at once to a dispensary or hospital, where he or she may receive sufficient and expert treatment. This brings up immediately the need for increased hospital and dispensary facilities. Investigation has disclosed that many large hospitals throughout the country, even those supported by public funds, do not admit acute cases of syphilis and gonorrhea to their wards; this in spite of the

fact that there is always a considerable proportion of patients present in such hospitals suffering from the end results of these diseases. Pressure should be brought to bear to see to it that every hospital supported by public funds should admit cases of syphilis and gonorrhea under exactly the same conditions as other patients are admitted. This problem is more acute in many cities of forty or fifty thousand population, where there is no free dispensary at hand, but it is to be hoped that this campaign against venereal disease will demonstrate not only the need of facilities for venereal diseases, but for other diseases as well, and when these dispensaries are started, they should be made efficient and brought up to the standards adopted by the Board of Health.

There should be adequate social service facilities provided so that cases will be carefully followed up and not allowed to lapse in their treatment. Inasmuch as many physicians, especially in the smaller communities, have no means at hand for laboratory diagnosis, this should be provided for free by the state. This California now does.

CONTROL OF PRIVATE PATIENTS.

Adequate provision must be made for the treatment and especially for the control of private as well as indigent patients. This necessitates the passing of laws or of rules and regulations by the State Board of Health, under which these patients can be required to take the necessary amount of treatment. There should be a system of notification, identifying in some way these persons venereally diseased, and under certain circumstances, when the patient permits himself or herself to become a danger to others, for reporting name and address. Health officers should be responsible for the control of these individuals when they are reported. The rule should also provide for parents and guardians being responsible for compliance of minors. Many physicians believe that notification is bad, inasmuch as they think it will have a tendency to drive patients away from them and into the hands of druggists and quacks. The public in general and patients in particular should be informed carefully that these reports are absolutely confidential and that so long as they continue treatment and conform to the necessary rules, their names and addresses need not be divulged, and even if the name and address are reported, the health officer's record is also a private and confidential one. So far as druggists are concerned, rules should be passed preventing counter-prescribing, or the sale of any preparation or nostrum to be used in the treatment of syphilis or gonorrhea. Investigations in some places have disclosed the fact that no less than 50% of the men applying to dispensaries for treatment of gonorrhea have first gone through the hands of the druggist or quack, and what might at first have been a simple case has now become a chronic and complicated one.

We wish also to call attention particularly to one point in this connection. We have been informed by many army surgeons that they know indirectly of their men being given drug store treatment. This ought to be condemned for two reasons. In the first place, on account of the men themselves

getting inadequate treatment, and in the second place, because it prevents the army surgeons from placing these men under control, inasmuch as every soldier having syphilis or gonorrhea is confined to the camp. This prevents entirely any opportunity for his spreading infection among the civil community. We believe it will be possible by a campaign of education to practically put the quack out of business. Generally speaking, the control of these cases going to private practitioners depends entirely upon the hearty co-operation of the medical profession, both individually and collectively. It is to be hoped, particularly at this time, when all of us are anxious or should be anxious to do everything possible by way of war service, that physicians will pledge themselves to this co-operation.

EDUCATION.

A systematic education of both laity and physicians to the danger of these diseases, to their prevalence and to the needs of adequate treatment, is perhaps the most important of any single method of attack. This must include talks and lectures to various groups on sex hygiene by proper persons. Talks to mothers and fathers are especially necessary in order that they themselves may inform their children. The distribution of proper literature and the placing of exhibits will also be of service. The stimulation for the provisions of proper recreational facilities in communities now without them, and the greater use of those at hand, is important. Proper education will do more toward preventing the individual from becoming infected than any other one thing that can be done. This educational work is of distinct importance in formulating the necessary public opinion in order to secure more women police, better juvenile detention homes, to decrease sex immorality and to point the way toward that single standard of morals for both sexes, which, when it comes, will go a long way toward wiping venereal diseases off the map.

WHAT HAS BEEN ACCOMPLISHED IN CALIFORNIA.

With these four points of attack as a basis, what has been done and is being done in this campaign in this state? It should be understood that our Bureau does not pretend to take credit for all that has been done—that we merely state those things which are results of the campaign in which the Bureau has taken an active part. Law enforcement is now being pretty actively carried out in every large city of the state. This means that police departments are seeking evidence against places being conducted as houses of prostitution, that prostitutes are being apprehended and given jail sentences and that district attorneys are generally making use of the Redlight Abatement law. In many small cities there were still tolerated districts where houses of prostitution were allowed to run openly. During the past six months of these districts have been closed. In each instance our Bureau has attempted to see that all inmates were properly examined, quarantined and treated. That this work has had a marked effect on reducing the problem is shown by the police court records. In San Francisco, in the Women's Court in October, before the campaign

started, nearly four hundred women were charged with crimes of moral turpitude, whereas in February, less than one hundred appeared in court,—this in spite of the fact that not only an efficient morals squad was continually working, but many federal and military investigators as well. The reduction in the number of prophylactic treatments in the various military and naval stations throughout the state is suggestive of the decrease in the number of exposures, this resulting from making the prostitute inaccessible. Records in San Francisco indicate that exposures and infections in the army at this point were practically cut in two within thirty days of the inauguration of this program.

In connection with this work, San Diego has appropriated over \$27,000 for the building, equipping and maintaining of a special detention hospital. The work is being done by special staff, organized under the health department. The hospital has thirty-five beds, and since the opening of the hospital March 14th, twenty cases have been admitted.

The Los Angeles city health department, under the direction of the Bureau of Venereal Diseases, remodeled and equipped a fifty-four bed hospital for the exclusive care and treatment of prostitutes infected with syphilis and gonorrhea, which is known as the Los Feliz hospital. It has sixteen private rooms and two wards, an operating room and especially equipped douche room, besides a large assembly room, kitchen and administrative quarters. The staff consists of a woman clinician, a vocational teacher furnished by the city school department, a matron, nurses and cooks. The health department has also established large free municipal clinics for men and women. The clinics are open three nights a week; the women's clinic is in charge of a woman clinician. There has also been established a well equipped dispensary in the women's department of the city jail and also one at the East Side jail for the treatment of men. The county has also established dispensaries for men and women in the county jail and also free clinics for indigent cases, which are open six days in the week.

Every morning at 9 o'clock, all women confined in the city jail, having been arrested during the preceding twenty-four hours, are examined by a woman clinician, smears and blood taken from each case and sent to the city laboratory, and on report of these findings, along with the clinical diagnosis, cases are quarantined and immediately sent to Los Feliz hospital. On being admitted to this hospital, each case is given an antiseptic bath and a complete change of clothing, which is provided by the institution. Their street clothes, after being fumigated, are put away and not returned until they leave the hospital.

As soon as a case becomes non-infectious, the woman is returned to court and if given a suspended sentence, she is referred to the municipal clinic for further treatment and observation. In case she is sentenced the treatment is continued in jail.

All men arrested are also examined daily and if found infected are given a sixty days' sentence and

sent to the East Side jail where they are treated until non-infectious and then paroled. These cases, on being released, are also referred to the municipal clinics for further treatment.

The county program is identical with the one adopted by the city, with the exception that all cases are sent to the county jail and from there transferred to the Los Feliz hospital, the men remaining in jail and receiving treatment in the jail dispensaries.

It can be seen from this brief résumé that all women arrested for vagrancy, either in the city of Los Angeles, or any of the thirty-six incorporated cities of the county, if infected, find their way to the Los Feliz hospital; the men, on the other hand, receive adequate treatment in the jail dispensaries during their term of sentence.

During the months of February and March, there were examined in the city and county 681 male and female prisoners, 389 of which were infected, and over 7000 treatments were given.

Riverside county is also establishing a special detention hospital, adjoining their county hospital, which will accommodate twenty patients. They are also establishing a free municipal clinic. These two institutions will be open before the aviation camp is completed.

Santa Barbara is building a new hospital for acute infectious diseases, a section of which will be set aside to be used as a detention hospital for venereal diseases. A most excellent dispensary is being conducted in connection with the Cottage Hospital.

San Francisco set aside a special ward in the San Francisco hospital for the isolation of these court cases, as well as organizing a clinic at the jail for examinations. Up to February 1st, there had been a total of 556 examinations made. Of these, 285 were found diseased and 24 were incompletely examined. Attention should be called to the fact that this percentage of positive findings is not as large as we found in many places, and there is one point to be considered which may explain this to a certain extent. In the first place, the conditions of the examination were such that many patients were able to prepare themselves for the examination; in other words, to take means to thwart the positive findings. In the second place, the examining physicians have had constantly to be in a position to legally prove all their statements, in case a lawyer should attempt to remove the patient from quarantine by a writ of habeas corpus. There are many cases where a physician is morally certain of a diagnosis of gonorrhea, and yet is unable to produce evidence to hold in court.

In Oakland, Sacramento, San Jose, Fresno, Bakersfield and many smaller communities, arrangements have been made for examination and isolation of these patients in the county hospitals. In San Diego, Los Angeles and San Francisco, arrangements have been also made for the examination, diagnosis and treatment of all prisoners in the city and county jails. Nearly 20% of these people have been found to have syphilis from complete Wassermann surveys made, and nearly 50% to have syphilis or gonorrhea. All military

and naval stations in the state report regularly to the state or local health authorities sources of infection and a definite effort is made to apprehend and place these individuals under treatment.

In regard to the stimulation of increased hospital and dispensary facilities, it is a question if the state would not do well to imitate the plan proposed and carried out in England—namely, that of providing a subsidy to the extent of 75% of the cost of establishing local venereal disease clinics. Our Bureau is distributing free salvarsan for syphilitics and this undoubtedly has resulted in getting more cases diagnosed and treated, but it is a question if the offer of this service is sufficient in itself to secure the desired results. Up to April 1, the Bureau has distributed 1660 doses of salvarsan, which have been given to 393 patients, or an average of 4.2 doses per patient. This is undoubtedly a much larger average than would have been true had this same group of patients been treated in the ordinary channels. It is interesting to know that this salvarsan has been distributed to 32 different hospitals, dispensaries, and health departments throughout the state, showing that the propaganda has reached nearly all quarters and that the state as a whole is receiving the benefit of this free salvarsan.

In San Francisco, in addition to the facilities for treating court cases, the five emergency hospitals have been opened for treatment of venereal disease cases and the new budget, as proposed for the San Francisco health department, includes, in addition to the present program, the use of a pavilion at the County Relief Home, which may be used for detention purposes, and which will house between 50 and 100 additional patients, and also the formation and maintenance of an adequate outpatient service for men and women at the San Francisco hospital with day and evening hours.

In Los Angeles, the county hospital now admits all acute cases of syphilis and gonorrhea needing hospital care; 50 doses of salvarsan have been given. Juvenile Hospital, which is connected with this institution, has 18 beds and treats from 13 to 16 cases a month, having administered 62 doses of salvarsan since the first of January.

In Fresno, the county hospital is now paying especial attention to venereal disease patients. A social service department has been inaugurated, which is in charge of follow-up work, and up to March 1 a total of 35 patients were being treated for syphilis. The city of Fresno has enlarged its municipal clinic to include venereal diseases and has now a well equipped department, including excellent laboratory facilities and social service department. The dispensary is open two nights a week, as well as day hours.

In Bakersfield, the supervisors have agreed to supply funds necessary to devoting a ward of the county hospital to venereal disease patients and to supplying the present county physician with an assistant who will take particular charge of this work. Plans are under way for the opening of a municipal clinic in Stockton, Oakland and Riverside.

Arrangements have also been made whereby in-

fectious cases can be treated under the direction of the local health officers, particularly in small communities where there is lack of hospital and dispensary facilities. Salvarsan can be supplied by us on a health officer's requisition. As an emergency the Bureau has been able to offer the services of the state board of health laboratory to all army and navy posts for Wassermann tests. Many camps have taken advantage of this, as laboratory facilities in some of them have been insufficient. For several years California has had a law requiring reporting of venereal diseases, but only by initials or office number. In October, these rules and regulations were amended to partly cover the situation, and again at the March meeting, amendments were made so that at the present time the rules and regulations conform generally to the standards suggested by the surgeon-general's office and to those being adopted by other states.

Notification is required by serial number as furnished by the State Board of Health, said number to be made a part of the physician's record in the case. If the patient lapses from treatment, the name and address are to be reported to the State Board of Health. Provision is made for the compliance of minors to these rules and regulations. Provision is also made for requiring the reporting by druggists of all cases to whom they sell any medicine to be used in the treatment of venereal diseases. It is believed that this rule will bring them within the requirements of the Medical Practice Act and thus automatically prevent their sale of the remedies in question. Patients known to be in the infectious stage and not so conducting themselves as not to endanger others, may be placed under quarantine.

We are prepared at once to inaugurate a definite campaign to enforce the rules and regulations in regard to reporting, and as a first step in this campaign all physicians and druggists of the state will be notified by circular letter of the changes and requirements of the law. The Bureau has issued and distributed to physicians several thousand copies of a pamphlet on syphilis and its treatment, and a pamphlet on syphilis and gonorrhea, with information and instructions to patients, has been issued and over 10,000 have been distributed. There is now a rule that every patient shall be given one of these pamphlets.

Members of the staff of the Bureau are frequently asked to address clubs or other groups of men and women, and this offers opportunity for a considerable amount of educational work. Plans are being made for definite courses of lectures in various parts of the state and an exhibition is being planned which will tour the state. With this exhibition will go an attendant whose duty it will be to answer questions and give advice on sex hygiene and venereal disease and distribute proper literature. A special effort will be made in connection with this exhibit to advertise in each place the local dispensaries. In co-operation with the Commission on Training Camp Activities, our Bureau has been supplying lecturers who give what are known as supplemental lectures to the soldiers and sailors. These men are officially accredited

by the Commission and we arrange the details and pay the expenses of the work. Up to date these lectures have been given in Camp Kearny, Camp Fremont, to the Naval Stations at San Pedro, San Diego, Mare Island and San Francisco. It is estimated that not less than 45,000 men have been reached in this way. The lecture follows an official syllabus issued by the surgeon-general's office and is illustrated with stereopticon slides.

The Bureau has also had printed and distributed several thousand placards to be used in comfort stations and in the latrines of the camps, which give information as to these diseases and their dangers. When these placards are used in the civil communities space is left on them to be devoted to advertising the venereal disease dispensaries of that community. The Bureau has purchased a stereomotograph, with the necessary slides, and this has been permanently loaned to the army and navy for use within the camps. Several of the army surgeons have expressed themselves as to the very great success of the use of this machine. Attention is especially called to all work which has been done in co-operation with the army and navy, since it was for this purpose that our Bureau was primarily organized.

Although the entire campaign against venereal disease was originally undertaken with a view to its effect on our fighting forces, the War Department is doing everything possible to see that the work is extended into all civil communities. This is absolutely necessary in order not only to really protect our fighting forces, but also for the protection of our industrial army whose efficiency is becoming more and more important. We must change our tactics which have in the past directed our efforts almost entirely toward taking care of these diseases at the wrong end. We have been spending our money taking care of blind children, of the hopeless insane, or hopeless paretics, and the confirmed invalids resulting from the early ravages of these diseases.

Let us now not spend necessarily any more money, but let us spend it in taking care of those afflicted in the early stages of their disease, when something actually can be done. Let us take care adequately of these cases in their beginning that we may finally save not only thousands of lives from such misery, but literally the millions of dollars now spent annually in taking care of the hopeless results of our own neglect.

AN ANALYSIS OF THE FIRST TWO HUNDRED CASES STUDIED AT THE SAN DIEGO DIAGNOSTIC GROUP CLINIC.*

By B. J. O'NEILL, M. D., San Diego, and
ROBERT POLLOCK, M. D., San Diego.

In the rapid advance of internal medicine during the past two or three decades nothing stands out more prominently than the increasing demand for accurate diagnosis. This demand is expressed not only by the physician of himself and his fel-

low practitioners, but to a certain extent it is shared by the public.

Scientific medicine has long been distinguished from the various cults with which it is forced to compete by the effort on the part of the former to accurately diagnose the condition of the patient and to carefully estimate the relations existing between the patient's condition, his inherent physical resources and his environment. That physicians recognize the importance to diagnoses of assembling the views of two or more consultants, has been evident for a long time in the practice of holding consultations in obscure or grave cases. Informal consultations by the clinicians have long characterized the service of charity clinics and the charity wards in our hospitals. An attempt to supply such service in a broad way to those who can afford to pay a modest fee is expressed in the so-called Consultation Clinic of the Massachusetts General Hospital, now in its third year. The more pretentious attempt on the part of St. Luke's Hospital diagnostic group to furnish complete diagnoses to all classes is well recognized throughout the state. Our San Diego experiment having just closed its initial year is probably still unknown to many of the members present. Broadly, it is based upon the lines of the St. Luke's Hospital group, but presents one or two points of difference, which as they change to some extent the character of the patients furnished, exercise a bearing upon the end results we wish to present.

In accordance with the known ideals of the benefactor of the clinic, Mr. E. W. Scripps, it has accepted cases only from the family with an income of \$100 per month or less. With a liberal interpretation of the word specialist, the executive has enlisted the interest and services of approximately half of the members of the County Medical Society. Using fifteen specialists to a group and changing the group each month, we have exacted less of the individual's time. At the same time the interest in the clinic and the cultural value developed by it have been widely distributed throughout the profession.

One of the greatest values from this method of diagnosis lies in the fact that conditions are many times brought to light which, while not causing his present complaint, furnish valuable data for the patient and his physician to possess.

The following routine laboratory examinations were made in every case, unless some strong contraindication existed: Blood, 24-hour urine, fresh stool, blood Wassermann, Von Pirquet skin reaction (later discontinued), phthalein efficiency test of kidney and fractional study of stomach secretion.

Of the 200 cases analyzed, 114, or 57 per cent., were females, while 86, or 43 per cent., were males. They ranged in age from 21 months to 74 years, with an average age of 39.1 years.

Our end results here tabulated are far from being complete, chiefly due to the fact that so many of the physicians through whom only the cases could be traced have left their practices and gone into the country's service. Thus out of 200 cases, 43, or 21.5 per cent., could not be traced.

* Read before the Forty-seventh Annual Meeting of the Medical Society of the State of California, Del Monte, April, 1918.